

South Dakota Board of Nursing

South Dakota Department of Health 722 Main Street, Suite 3; Spearfish, SD 57783 (605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

Nurse Aide

Application for Re-Approval of Training Program

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

days after receipt of the application				
	722 Main Street Spearfish, SD 5			
Name of Institution:	Tom O	nline		
Address: 4601 E. Doc	solo c	Suite 112	2	
Wiehita, K	5 6721	8		
mone Number: 888 - 932 - 2501 E	xt. 105 Fax	Number:		
E-mail Address of Faculty: Cindu	19 0 We	care online	classes.	com
Request re-approval without changes curriculum 1. List personnel and licensure inform 2. Complete evaluation of the curricul Request re-approval with faculty chan 1. List personnel and licensure inform 2. Complete evaluation of the curricular faculty changes in the complete evaluation of the curricular faculty changes in the complete evaluation of the curricular faculty changes in the curricular faculty change	nation lum ges and/or curn	iculum changes	No cu	rriculum chan
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Supplemental Personnel may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) If requesting new Supplemental Personnel, attach curriculum vita, resume, or work history.

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	INCERSINE/REGISTRATION Verification Verification			Verification
Supplemental Personnel & Credentials	State	Number	Date	(Completed by SDBON)

Complete Evaluation of the Curriculum: Indicate compliance relative to each standard during the previous
two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the
Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

Charles and the Charles and th	Yes	No
Standard	Y	
Program was no less than 75 hours.		
 Provided minimum 16 hours of instruction prior to students having direct patient contact. 	X	
 Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 students for one instructor. 	N/A	
 Provided instruction on each content area (see ARSI) 48:09:18:15); 	X	
Basic nursing skills	X	
Personal care skills	X	
Mental health and social services	X	
Care of cognitively impaired clients	X	
Basic restorative nursing services	X	
■ Residents' rights	X	
 Students did not perform any patient services until after the primary instructor found the student to be competent 	N/A	
Students only provided patient services under the supervision of a licensed management	NIA	
Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association). Completed by	NA	

	* Residents rights	
•	Students did not perform any patient services until after the primary instructor found the student to be competent	N/A
	Students only provided patient services under the supervision of a licensed masse.	N/A
	Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association). Completed by	N/A
	clinical sit	۷
3.	Submit Documentation to Support Requested Curriculum Changes:	
Name	e of Course (if applicable): Text! tarkwans Ny Asis?	3rded 20
instru	iety of teaching methods may be utilized in achieving the classroom instruction such as independent action, and online instruction. Submit reference list of teaching materials utilized (include name of book or resource, publisher, pul	
T B	care; the instructor ratio may not exceed eight students for one instructor. Instruction in each of the following content areas (see ARSD 40.00:18:15 for more detail): Rasic pursing skills (including documentation) including vital signer bright and including vital signer.	ours must include: 5, promoting Safe and effective
	needs; recognizing abnormal changes in body functioning and the importance of report to a supervisor; and caring for dying clients; Personal care skills, including: bathing; grooming, including mouth care; dressing; toil eating and hydration; feeding techniques; skin care; and transfers, positioning, and to	ting such changes



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UNEAI FAL	ax offer PAOS.
	Mental health and social services, including: responding appropriately to behaviors; awareness of developmental tasks associated with aging process; respecting personal choices and preserving client developmental tasks associated with aging process; respecting personal choices and preserving client developmental tasks associated with aging process; respecting personal choices and preserving client
	dignity, and recognizing sources of emotional support;
	dignity, and recognizing sources of emotional support; Care of cognitively impaired clients, including: communication and techniques for addressing unique
	needs and behaviors; Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, Basic restoration of the self-care; use of assistive devices in transferring; ambulation, Basic restoration of the self-care; use of assistive devices in transferring; ambulation, Basic restoration of the self-care; use of assistive devices in transferring; ambulation, Basic restoration of the self-care; use of assistive devices in transferring; ambulation, Basic restoration of the self-care; use of assistive devices in transferring; ambulation, Basic restoration of the self-care; use of assistive devices in transferring; ambulation, Basic restoration of the self-care; use of assistive devices in transferring; ambulation, Basic restoration of the self-care; use of assistive devices in transferring; ambulation, Basic restoration of the self-care; use of assistive devices in transferring; ambulation, Basic restoration of the self-care; use of assistive devices in transferring; and assistiv
	edulity, allo gressing; range of mouth, curring and
D	Residents' north, including; privacy and connectionally
	Residents' rights, including: privacy and confidentiality, self-determinations, promoting an disputes; participating in groups and activities; security of personal possessions; promoting an disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse, mistreatment, and neglect and requirement to report; avoiding restraints.
	environment free from abuse, mistreautient, and region
	11-17-16
Program Cook	rdinator Signature: Cynthia Darelle 11-17-16
This section t	to be completed by the South Dakota Board of Nursing
Date Application	on Received: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Date Approve	
	te of Approval: NOV 2018 I
Board Represe	entative: ent to Institution:
Date House 36	THE OTHER PROPERTY.